FORM D

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

143	2930
OMB A	PPROVAL
OMB Number:	3235-0076
Expires:	April 30, 2008
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hours per respo	onse16.00

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Name of Offering (Check if this is an amendment and name has changed, and indicate change.)	- SEC
Limited Liability Company Interests in Apex China Impact Fund LLC	Mail Processing
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ☒ Rule 506 ☐ Section	
Type of Filing: ☑ New Filing ☐ Amendment	APR 162008
A. BASIC IDENTIFICATION DATA	
Enter the information requested about the issuer	Washington, DC
Name of Issuer (Check if this is an amendment and name has changed, and indicate change.) Apex China Impact Fund LLC	101
Address of Executive Offices (Number and Street, City, State, 2 c/o Apex Capital Management LLC, 570 Lexington Avenue, New York, NY 10022	(212) 750-5400
Address of Principal Business Operations (if different from Executive Offices) PROCESSED ity, State, 2	Zip Code) Telephone Number (Including Area Code)
Brief Description of Business APR 2 4 2008	7
Investment Fund	
Type of Business Organization THOMSON REUTERS	
☐ corporation ☐ limited partnership, already formed ☐ other (please specify):
□ business trust □ limited partnership, to be formed □ Limited	Liability Company 08046567
Actual or Estimated Date of Incorporation or Organization: Month Year 0 3 0 8 🗵 Actual	☐ Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for Sta CN for Canada; FN for other foreign jurisdiction)	D E
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if rec	notice is deemed filed with the U.S. Securities and Exchange seived at that address after the date on which it is due, on the
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549).
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed copy or bear typed or printed signatures.	signed. Any copies not manually signed must be photocopies
Information Required. A new filing must contain all information requested. Amendments need only report	

Filing Fee: There is no federal filing fee.

State:

SEC.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

SEC 1972 (6-02)

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number

1 of 9

A. BASIC IDENTIFICATION DATA

- Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer.
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Lacii general and man	aging parties of par	uncramp toaders.					
Check Box(es) that Apply:	Promoter [Beneficial Owner		Executive Officer		Director	☐ General and/or Managing Partner
Full Name (Last name first, if indi	vidual)						
Apex Capital Management LLC							
Business or Residence Address	(Number and Stre	et, City, State, Zip Code)					
570 Lexington Avenue, New York	k, NY 10022						
Check Box(es) that Apply:	Promoter [Beneficial Owner	⊠	Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, if indi	vidual)		-	***************************************			
Avi Faliks							
Business or Residence Address	(Number and Stre	et, City, State, Zip Code)					
c/o Apex Capital Management LL	C, 570 Lexington A	venue, New York, NY 10	022				
Check Box(es) that Apply:	Promoter	Beneficial Owner	☒	Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, if indi	ividual)	******	 •				
Chung Lew							
Business or Residence Address	(Number and Stre	et, City, State, Zip Code)				>	· · · · · · · · · · · · · · · · · · ·
c/o Apex Capital Management LL	C, 570 Lexington A	venue, New York, NY 10	022				
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, if indi	vidual)						
Business of Residence Address	(Number and Stre	et, City, State, Zip Code)					
Dusiness of Residence Address	(Number and one						
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, if indi	ividual)			· · - · · · · · · · · · · · · · · ·			
Business or Residence Address	(Number and Stre	et, City, State, Zip Code)		·· <u>·</u>			
Check Box(es) that Apply:	Promoter [Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, if ind	ividual)						
Business or Residence Address	(Number and Stre	et, City, State, Zip Code)					
Check Box(es) that Apply:	Promoter [Beneficial Owner		Executive Officer		Director	General and/or Managing Partner
Full Name (Last name first, if ind	ividual)						
,	•						
Business or Residence Address	(Number and Stre	et, City, State, Zip Code)				-	
Check Box(es) that Apply:	Promoter [Beneficial Owner		Executive Officer		Director	☐ General and/or Managing Partner
Full Name (Last name first, if indi	ividual)						
•							
Business or Residence Address	(Number and Stre	et, City, State, Zip Code)		· · · · · · · · · · · · · · · · · · ·		==	
	(Lise blo	ink sheet, or copy and use	additi	onal copies of this she	t as r	ecessary.)	
	(030 018	an shoot, or copy and use		oner copies or time stice	.,		

B. INFORMATION ABOUT OFFERING		
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?	Yes	No ⊠
Answer also in Appendix, Column 2, if filing under ULOE.		
What is the minimum investment that will be accepted from any individual?		.00
Does the offering permit joint ownership of a single unit?	Yes ⊠	№ □
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.		
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)		. 11. 0
AL AK AZ AR CA CO CT DE DC FL	GA HI	All States
IL IN IA KS KY LA ME MD MA MI	MN MS	MO
MT NE NV NH NJ NM NY NC ND OH	OK OR	PA
RI SC SD TN TX UT VT VA WA WV	WI WY	PR
Full Name (Last name first, if individual)		~
Tull Name (East haire 1951, 11 Morridan)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)		All States
	MN MS	MO
MT NE NV NH NJ NM NY NC ND OH	OK OR	PA
RI SC SD TN TX UT VT VA WA WV	WI WY	PR
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Name of Associated Broker or Dealer		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers		
(Check "All States" or check individual States)		All States
AL AK AZ AR CA CO CT DE DC FL	GA HI	ID
IL IN IA KS KY LA ME MD MA MI	MN MS	МО
MT NE NV NH NJ NM NY NC ND OH	OK OR	PA
RI SC SD TN TX UT VT VA WA WV	WI WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Type of Security Amount Already Sold Aggregate Offering Price Debt Equity ☐ Preferred Common Common Convertible Securities (including warrants) Partnership Interests..... Other (Specify limited liability company interests). \$12,500,000 \$15,000,000 \$12,500.000 \$15,000,000 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount of Purchasers investors Accredited Investors \$12,500,000 Non-accredited Investors Total (for filings under Rule 504 only) Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Type of Offering Security Sold Rule 505 Regulation A..... Rule 504 Total _____ a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees \boxtimes \$25,000 Accounting Fees. Engineering Fees Sales Commissions..... Other Expenses (identify) Total 図 \$25,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PR	CE, NUMBER OF INVESTOR	S, EXPENSES AND USE OF	PROC	EEDS			<u></u>
	b. Enter the difference between the aggregate off expenses furnished in response to Part C — Ques issuer."	ion 4.a. This difference is the "ad	justed gross proceeds to the				\$ <u>14</u>	<u>,975,000</u>
5.	Indicate below the amount of the adjusted gross purposes shown. If the amount for any purpose is the estimate. The total of the payments listed mu response to Part C — Question 4.b above.	not known, furnish an estimate ar	d check the box to the left of					
				O	Paymen Ticers, Di & Affilia	rectors	Pay	ments to Others
	Salaries and fees			П	\$			
	Purchase of real estate				•		_	\$0
				لسا ٠	Ψ			¥
	Purchase, rental or leasing and installation of madequipment	inicry and		. 🗆	\$	0		\$0
	Construction or leasing of plant buildings and fac-	lities		. 🗆	\$	0		\$0
	Acquisition of other businesses (including the val	e of securities involved in this off	ering that may		œ	0		¢ 0
	be used in exchange for the assets or securities of	•						
	Repayment of indebtedness							\$0
	* .							3
	Other (specify): Investments	<u></u>	,	_ 니	\$	0	⊠	\$ <u>14,975,000</u>
				-				
				_ 🗆	\$	0		\$0
	Column Totals			. 🗆	\$	0	\boxtimes	\$ <u>14,975,000</u>
	Total Payments Listed (column totals added)					⊠ \$ <u>1</u>	4,975,0	000
<u> </u>		D. FEDERAL SIG	NATURE					
The	ssuer has duly caused this notice to be signed by the	e undersigned duly authorized per	son. If this notice is filed under	r Rule	505, the f	ollowing	signat	ure constitutes
an u	dertaking by the issuer to furnish the U.S. Securitidited investor pursuant to paragraph (b)(2) of Rule (a,b)	es and Exchange Commission, upo	on written request of its staff, the	ne infor	mation fu	mished l	y the i	ssuer to any non-
Issue	r (Print or Type)	Signature	Date	1. 1	/			
Ape	China Impact Fund LLC	THIM	4	10/	08			
Nam	e of Signer (Print or Type)	Title of Signer (Print or Type)						
	Apex Capital Management LLC	Manager						
By:	Avi Faliks	Managing Member of the Man	ager					

ATTENTION ________ Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATU	KE		
1.		0.262 presently subject to any of the disqualifi		Yes	No ⊠
		See Appendix, Column 5, for st	ate response.		
2.	The undersigned issuer hereby unde at such times as required by state law	rtakes to furnish to any state administrator of a v.	ny state in which this notice is filed a	notice on Form D (17 CFR 239.500)
3.	The undersigned issuer herby under	akes to furnish to the state administrators, upo	n written request, information furnish	ed by the issuer to o	offerees.
4.	The undersigned issuer represents the Exemption (ULOE) of the state in we stablishing that these conditions ha	at the issuer is familiar with the conditions tha hich this notice is filed and understands that the ve been satisfied.	t must be satisfied to be entitled to the e issuer claiming the availability of th	Uniform limited C his exemption has the	Offering ne burden of
The issue person.	er has read this notification and knows t	he contents to be true and has duly caused this	notice to be signed on its behalf by th	ne undersigned duly	authorized
Issuer (P	rint or Type)	Signature	Date 4/10/0	- ·	
Apex Ch	ina Impact Fund LLC	11/2/10	717010	· ¥	
Name (P	rint or Type)	Title (Print or Type)			
By: Ape	x Capital Management LLC	Manager			
By: Avi	Faliks	Managing Member of the Manager			

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy of bear typed or printed signatures.

				A	PPENDIX				
ž	Intend non-ac investor	to sell to ecredited rs in State 3-Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Disqual under Sta (if yes explan waiver	5 ification ate ULOE , attach ation of granted) -Item 1)			
State	Yes	No	LLC Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
ΑZ									
AR									
CA									
со									
СТ		Х	\$15,000,000	2	\$2,000,000	0	N/A		X
DE									
DC									
FL									
GA									
Н									
ID									
IL									
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ΙA									
KS									
KY									
LA									
ME									
MD									
MA									
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MN									
MS					•				

				A	PPENDIX					
1	Intend non-ac	to sell to ceredited rs in State 3-ltem 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)					5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	Preferred Stock (and in NY, a Warrant)	Number of Accredited Investors	Accredited Non-Accredited				No	
МО										
MT					<u> </u>					
NE										
NV										
NH										
NJ										
NM										
NY										
NC										
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PA										
RI								<u></u>		
SC										
SD										
TN										
TX										
UT										
VT	ĺ									
VA										
WA										
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wi										

				A	PPENDIX				
1	Type of securi and aggregate offering price investors in State (Part B-Item 1) Type of securi and aggregate offering price offered in state (Part C-Item 1)			Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY	!								
PR									

END